LCID

State of North Carolina

Department of Environment and Natural Resources Division of Waste Management

Received 7/9/14 Reviewed 9.6/1 LAND CLEARING & INERT DEBRIS LANDFILL

For the period of July 1, 2013-June 30, 2014

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Cossie Doggett Demo Landfill	Permit: 41J-LCID	
Physical Address	Mailing Address	
Street 1: 2124 Scalesville Road	Street 1: 2124 Scalesville Road	
Street 2:	Street 2:	
City: Summerfield County: Guilford	City: Summerfield	
State: North Carolina Zip: 27358	State: North Carolina Zip: 27358	
Primary Facility Contact Person	Billing Contact Person	
Name: Mark Doggett, Gary Swing	Name: Mark Doggett, Gary Swing	
Phone: 336-643-4103 Fax: 336-643-7358	Phone:336-643-4103 Fax: 336-643-7358	
Email: dcc4103@be11south.net	Email: dcc4103@bellsouth.net	
1. Tipping Fee: \$ 50.00 per tandem	7	
Tipping Fee: \$ 55.00 per tri axle	2	
Tipping Fee: \$ 70.00 per tractor tra	iler	
2. Estimate the amount of waste taken in an average week at this facilities.	ty? 240 ☐ tons ☐ cubic yards	
3. How many weeks did you operate this year?52		
4. What are the hours/days of operation for this facility?7:00	a.m. to 5:00 p.m.	
5. What is the acreage of the footprint of the waste on site as of June 3	0? 9.7 Acre(s)	
6. Did your facility stop receiving waste during this past Fiscal Year? If so, please report the date this occurred:	Yes X No	
report must be sent to the Pagional Environmental Comics	e return your completed report to:	
CERTIFICATION I certify that the information provided is an accura	te representation of the activity at this facility.	
Signature:	Date: July 17, 2014	
Name: Gary L. Swing	Title: Vice president	
Phone Number: 336-643-4103 Email: dcc4103	dbellsouth.net	

NC DENR

Division of Waste Management - Solid Waste Section



Person completing Assessment: Gary Swing Date: July 17, 2019 Phone Number: 336-643-4103 Fax: 336-643-7358 Email: dcc4103@bellsouth.net Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the Edge of Waste (using range finders and/or GI maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc. Receptors 1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste?	Permit: 41J-LCID	e: Cossie Doggett Demo Landfill
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If Yes, what is the specific remedial technology used?	Yes XX No	groundwater remediation taking place on site?
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<u>Comments</u>		